

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	01609148	FILING DATE	10/4/00
APPLICANT(S)			

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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50						
TOTAL IND.	1	1	1	1	1	1
TOTAL DEP.	1	1	1	1	1	1
TOTAL CLAIMS	50	50	50	50	50	50

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51		1						
52		1						
53	1							
54		1						
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100								
TOTAL IND.	2	1	1	1	1	1	1	1
TOTAL DEP.	55	55	55	55	55	55	55	55
TOTAL CLAIMS	57	57	57	57	57	57	57	57

Best Available Copy